

MAKING DREAMS A REALITY

Supporting Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe Girls (Gender & DREAMS Team)

OVERVIEW

In eastern and southern Africa, AIDS is the leading cause of death among adolescent girls and young women (AGYW) ages 15-19. In sub-Saharan Africa, girls account for 71 percent of new annual HIV infections among adolescents;¹ adolescent girls are also twice as likely to be living with HIV as adolescent boys and young men of the same age.

While significant achievements have been made overall in expanding HIV services, including prevention of mother-to-child transmission and linkage to and uptake of antiretroviral treatment, improvements are still needed to decrease HIV risk for AGYW. HIV prevention efforts for this population must address the wide range of overlapping vulnerabilities that AGYW face, including social isolation, economic disadvantage, discriminatory cultural norms, orphan status, and high rates of school drop-out. AGYW are also vulnerable to gender-based violence (GBV), which greatly contributes to their risk of HIV. According to the U.S. Centers for Disease Control and Prevention (CDC)-supported [Violence Against Children Surveys \(VACS\)](#) in Kenya, Tanzania, Swaziland, and Zimbabwe, one in three adolescent girls reports experiencing some form of sexual violence during childhood.

CDC'S ROLE

DREAMS is a public-private partnership supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with the goal of helping girls develop into Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe women. DREAMS consists of a core package of evidence-based interventions that address the many overlapping vulnerabilities for AGYW. DREAMS is being implemented in 10 countries: Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe. In 2014, nearly half of all new HIV infections in AGYW occurred in these countries. DREAMS is dedicated to achieving a 40 percent reduction in new HIV infections among AGYW in these 10 countries by the end of 2017.

CDC and its implementing partners received funding in eight of these countries to implement the following components of the core package:

- Empowering Girls and Young Women – HIV testing and counseling, and sexual and reproductive health services, including contraceptives, post-violence care, access to condoms, and pre-exposure prophylaxis (PrEP)
- Mobilizing Communities – School-based HIV and violence prevention programs and programs to strengthen communities and change norms
- Strengthening Families – Parent and caregiver programs, educational subsidies, and socio-economic approaches
- Decreasing Risk in Male Sex Partners – Voluntary medical male circumcision (VMMC) and HIV treatment for men, with supplemental funding provided to the CDC country offices to support these services

In one additional DREAMS country, CDC received funding to conduct a violence against children survey.

The layering of different interventions in targeted communities is critical to the success of the DREAMS programming, and the cornerstone of the initiative's innovation. Evidence shows that girls can reach their full potential when they have access to multiple interventions. Therefore, the core package of interventions offered through DREAMS is not implemented at a national level, but instead is layered and concentrated within specific provinces, districts, and communities where the burden of HIV is highest.

The following are examples of CDC's programmatic support for DREAMS.

- CDC supports implementation of the *Families Matter!* Program, a parent and caregiver training component of DREAMS, in Kenya, South Africa, Zambia, and Zimbabwe. The *Families Matter!* Program is an evidence-based, parent-focused intervention designed to promote positive parenting and effective parent-child communication about sexuality and sexual risk reduction – including risk of child sexual abuse and gender-based violence – for parents or caregivers of 9 to 18 year olds in Africa.

¹ <http://www.pepfar.gov/partnerships/ppp/dreams/index.htm>

- CDC has completed the development of a new intervention, Teachers Matter, for use in DREAMS countries. Teachers Matter will utilize key components from the *Families Matter!* Program curriculum to help teachers overcome key barriers to delivering sex education, develop knowledge and skills related to discussing sensitive sex-related topics, and ensure that teachers feel prepared to deliver the UNESCO and other comprehensive sexuality education curricula.
- CDC is analyzing VACS data to characterize AGYW's male sex partners. These analyses include the relationship of the sex partners to the AGYW and the age difference between AGYWs and their sex partners. These analyses are used to help countries identify men who need to be targeted and reached with HIV testing and counseling, VMMC, and treatment services.
- CDC is developing country-specific policy briefs on PrEP and GBV for country teams to use in starting PrEP programs, and implementing GBV prevention and response services. The policy briefs are also intended to increase attention, awareness, and allocation of resources among governments and other stakeholders.
- CDC is increasing demand for VMMC and uptake of services among young men who are likely to be the sex partners of AGYW in DREAMS-supported areas. CDC provides approximately \$38 million for VMMC programming in eight DREAMS countries.
- CDC is introducing or bringing Test and Start to scale for HIV-infected men likely to be the sex partners of AGYW in DREAMS-specific geographic areas. CDC provides \$45 million for Test and Start programming in nine DREAMS countries.

ACCOMPLISHMENTS / RESULTS

As of October 2016, CDC has successfully supported the launch and implementation of DREAMS programming in eight countries, as well as a VACS in a ninth country. CDC provides more than \$73.5 million for DREAMS programming and funds 34 implementing partners. CDC's priority programming for each country are highlighted in the table below.

CDC Implementation of the DREAMS Core Package by Country

	Empower Adolescent Girls	Mobilize Communities	Reduce HIV Risk in Sex Partners	Strengthen Families	Other
Kenya					
Lesotho					
Mozambique					
South Africa					
Swaziland					
Tanzania					
Uganda					
Zambia					
Zimbabwe					<i>Violence Against Children Survey</i>

FUTURE EFFORTS

In DREAMS countries, CDC headquarters will assist country teams, through in-person and remote technical assistance, in looking critically at how DREAMS has progressed in order to prepare for integrating DREAMS activities into 2017 Country Operational Plans. As part of the DREAMS monitoring and evaluation framework, 11 indicators are being monitored on a quarterly, semi-annual, or annual basis. These indicators will help us understand whether or not the right interventions are being delivered to the intended sub-populations of AGYW, their parents, and young adult men who may expose them to HIV. If gaps are identified – for example, some components of DREAMS are not being successfully implemented – course corrections will be made in program delivery or in the DREAMS activities themselves. For non-DREAMS countries where AGYW shoulder the greatest burden of HIV infection, CDC HQ will help country teams to adopt relevant components of DREAMS.

In addition to programmatic activities, CDC HQ will conduct a cohort study of the factors that make AGYW vulnerable to HIV infection. This study will provide insight about the individual, family and community risk factors that are most relevant for AGYW by collecting longitudinal data from a representative sample of AGYW, as data using these methods are lacking in the literature.

BENEFITS OF OUR WORK

The struggles of AGYW in DREAMS countries are not unlike the struggles of young women in impoverished communities in the U.S. Thus, what we learn from DREAMS may be applicable to AGYW in the U.S., particularly those who are affected by both HIV and violence. Knowledge gained on how to reach young adult men could generate new insights into HIV prevention in the U.S., as engaging men in HIV services is also a challenge here.

The benefits of knowledge sharing between CDC's work in the U.S. and in sub-Saharan Africa are bi-directional. Some of the programs being implemented in DREAMS countries – for instance the *Families Matter!* Program – have been adapted from programs first developed in the U.S. Thus, CDC staff who work on HIV prevention continue to look for ways to share knowledge between domestic and global programs.